

ORIGINAL

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STATE OF ILLINOIS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Daniel W. Hesse</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>D. W. Hesse</i> <i>7-24-07</i></p>
<p>1. Article Addressed to: <i>7/12/07 B.M.</i> PCB 2007-105 Carolyn S. Hesse Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7007 0220 0003 0236 2749</i></p>	